

Washington State Combined Application Program (WASHCAP)
WASHCAP APPLICATION

By signing below, I declare that:

- I have been told about WASHCAP;
- I have been given a WASHCAP brochure;
- I understand my WASHCAP rights and responsibilities; and
- I choose to get WASHCAP benefits.

I declare that:

- I live alone, or I buy and fix my food separately from other people in my house.
- I pay \$_____ for rent/mortgage each month.

I understand that:

- If I pay more than \$35 a month for medical costs I can choose to apply for food assistance from the regular food assistance program instead of WASHCAP; or
- I can choose to apply for food assistance from the regular food assistance program instead of WASHCAP if the benefit amount is higher.

I state that everything on this application is true to the best of my knowledge. I know that if I leave out or give incorrect information on this form on purpose, the laws of the State of Washington consider it perjury.

PRINT NAME	SOCIAL SECURITY NUMBER OR CLIENT ID
ADDRESS	TELEPHONE NUMBER
	MESSAGE/CELL PHONE NUMBER
SIGNATURE	DATE